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United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Note by the Secretary-General*

The Secretary-General has the honour to transmit to the Economic and Social Council the report on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. The report is submitted by the Director General of the World Health Organization, as the secretariat of the Task Force, pursuant to Council resolution 2017/8.

* The present report was submitted late in order to include the most recent information.

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Report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

I. Introduction

1. The present report provides an update on the activities of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. In its resolution 2015/8, the Economic and Social Council encouraged the Task Force to enhance systematic support to Member States, upon request, at the national level. In its resolution 2016/5, the Council encouraged members of the Task Force to provide support to Member States in reflecting the new non-communicable disease-related targets included in the 2030 Agenda for Sustainable Development (General Assembly resolution 70/1) in their national development plans and policies. Furthermore, in its resolution 2017/8, the Council urged national Governments, the private sector as appropriate, and bilateral and multilateral donors, including the World Bank and regional development banks, to explore financing for the prevention and control of non-communicable diseases and mobilizing the provision of adequate, predictable and sustained resources for the programmatic work of the Task Force, including four global joint programmes, in order to scale up Task Force support to Member States.

2. The present report highlights the progress made over the past year, the obstacles that are impeding progress by Member States in reaching the Sustainable Development Goals related to non-communicable diseases and bold and practical measures to strengthen the ways in which the Task Force can fulfil its potential in supporting Member States to overcome these challenges.

II. Situation analysis

3. In order to reach target 3.4 of the Sustainable Development Goals, (by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) efforts to implement the political commitments made by the General Assembly in 2011 and 2014 must be dramatically increased. Under a business-as-usual scenario (i.e., without significantly scaling up efforts before 2020), the current decline in premature deaths from non-communicable diseases is insufficient to meet the target by 2030.

4. The number of women and men dying prematurely from non-communicable diseases continues to rise disproportionately in low-income and lower-middle-income countries, where, in 2015, 47 per cent (7 million) of premature deaths were caused by non-communicable diseases.

5. The report of the Secretary-General on progress on the prevention and control of non-communicable diseases (A/72/662), outlined a series of obstacles in five areas that are impeding progress by Member States in reaching target 3.4 of the Sustainable Development Goals, particularly in low-income and lower-middle-income countries. The obstacles outlined in the report included:

Political choices

- Weak political action by Heads of State and Government to integrate the prevention and control of non-communicable diseases into national responses to the 2030 Agenda for Sustainable Development
- Low-income and lower-middle-income countries lack the capacity to pursue policy coherence between economic goals and interests, the trade-related Sustainable Development Goals and target 3.4 in the development of their national responses to the 2030 Agenda on Sustainable Development

Health systems

- Lack of access for all to affordable, safe, effective and good-quality essential medicines and vaccines for non-communicable diseases
- "Best buys" and other recommended interventions for the prevention and control of non-communicable diseases are insufficiently integrated into the national universal health coverage package provided by the public sector

National capacities

- Most Member States have no capacity to establish cross-sectoral partnerships for the prevention and control of non-communicable diseases or to manage the complexity of such partnerships during the implementation of national responses to non-communicable diseases
- Proposals to increase the price of and introduce tax-related measures on tobacco, alcohol and sugar-sweetened beverages as an effective and important way of reducing consumption and health-care costs and generating a national revenue stream (and catalysing other financing streams) require appropriate skill sets, which are not available in most low-income and lower-middle-income countries
- Most Member States lack the capacity to find common ground between policymakers and private sector entities in the prevention and control of non-communicable diseases and to convert this consensus into new public health approaches

International finance

- Official development assistance to catalyse additional resource mobilization from other sources (for example, taxation of tobacco, alcohol and sugar-sweetened beverages) or unlock additional finance through blended or pooled financing remains almost zero
- There is still no alignment between international development cooperation and national non-communicable disease responses, despite continued requests from low-income and lower-middle-income countries

Industry interference

- Industry interference impedes the implementation of the "best buys" and other recommended interventions, including raising taxes on tobacco, alcohol and sugar-sweetened beverages

6. In his report, the Secretary-General also highlighted the following:

(a) Demands for technical cooperation from the poorest developing countries to support national efforts to implement the "best buys" and other recommended interventions are largely unmet. The gap is mainly the result of the lack of international financing to strengthen the capacity of the World Health Organization (WHO) and the Task Force to expand the delivery of technical assistance;

(b) The Economic and Social Council, in its resolution 2017/8, noted that the four global joint programmes developed by the Task Force were unfunded as at June 2017, and that the provision of support by the Task Force to Member States to reflect the targets relating to non-communicable diseases in the 2030 Agenda for Sustainable Development in national development plans and policies could not be fulfilled with the current resources. The Council urged bilateral donors to strengthen development assistance for non-communicable diseases, in particular with regard to legal, fiscal and regulatory systems, including for evidence-based strategies such as taxation. However, with a few exceptions, the situation has remained unchanged since June 2017.

III. Work of the Task Force

7. The objective of the Task Force's workplan for 2016–2017 was to: (a) fast-track action in countries through joint programming missions and follow-up actions; (b) develop and roll out of a series of global joint programmes and thematic groups to catalyse action at the country level; and (c) communicate about the work of the Task Force and the need for multisectoral action to prevent and control non-communicable diseases. The workplan was complemented by a detailed set of actions under each of the objectives of the Task Force, as set out in its terms of reference.

8. Despite the shortage of available resources, the Task Force continues to build up its capacity to provide support to Member States to reflect the targets related to non-communicable diseases included in the 2030 Agenda for Sustainable Development. Different global joint programmes and thematic working groups led by the Task Force address 12 Sustainable Development Goals and 30 targets. The work of the Task Force has significant implications for national multisectoral responses to non-communicable diseases and development plans and policies.

Joint programming missions

9. Over the past 12 months, the Task Force has responded to requests for joint programming missions to support United Nations country teams in scaling up the technical assistance they are providing to Governments to develop and implement national responses to non-communicable diseases in Bahrain, Bhutan, Cambodia, Ethiopia, Kuwait, Saudi Arabia, the United Arab Emirates and Viet Nam. The Task Force has also provided follow-up support to countries that received earlier joint programming missions.

10. Joint programming missions have engaged with United Nations country teams, Heads of State and Government, ministers and officials across government departments, non-State actors and the media. The joint missions have resulted in: (a) strengthened capacities of United Nations country teams to support Governments in including non-communicable disease-related targets in national responses to the Sustainable Development Goals; and (b) stronger commitments from Governments to

recognize their primary role and responsibility in engaging all sectors of society to generate effective national responses through the development of whole-of-government and whole-of-society approaches and to prioritize an updated set of cost-effective and affordable interventions regarding non-communicable diseases, which are currently being considered by the World Health Assembly for endorsement. Full reports and summaries are available on the Task Force website.[1]

Global joint programmes

Catalysing multisectoral action for the prevention and control of non-communicable diseases

11. The United Nations Development Programme (UNDP)-WHO global joint programme, is aimed at enhancing national governance for the prevention and control of non-communicable diseases. The Russian Federation has provided funding to start developing national investment cases, one of the five elements of the global joint programme. Investment cases have been undertaken in Belarus, Fiji, Jamaica, Kyrgyzstan, Mongolia, Peru, Saudi Arabia, Turkey, Uzbekistan and Viet Nam. Once completed, these investment cases are presented to senior level policymakers in the relevant country. A timetable to undertake investment cases in additional countries has been established. A meeting was held between the Organization for Economic Cooperation and Development (OECD), UNDP, WHO and the World Bank to review the preliminary results of the investment cases conducted to date and to refine the economic and social development approaches being used for this work.

12. To complement the work on investment cases, the Task Force has explored opportunities for countries to gain access to financing from the World Bank, as part of broader efforts to encourage Governments to increase domestic and international financing for national responses to non-communicable disease. During a joint visit to Argentina in October 2017, a loan issued by the World Bank to the Government of Argentina, designed to finance the scaling-up of actions to prevent and control non-communicable diseases, was reviewed by the Government of Argentina, UNDP, WHO and the World Bank.

Eliminating cervical cancer

13. The world now has the tools to eliminate cervical cancer. The joint global programme on cervical cancer prevention and control was developed by seven Task Force members[2] in response to the call in 2016 by the Secretary-General for the elimination of cervical cancer as a public health issue.[3] Inception missions have been conducted in Bolivia (Plurinational State of), Mongolia, Morocco, Myanmar, the United Republic of Tanzania and Uzbekistan. Priority activities for providing technical assistance have been identified in those countries. Also in 2016, a partners' round-table meeting hosted by the Government of the United States of America recommended that a pledging conference be convened to raise the required funds to operationalize the joint global programme.[4] A number of advocacy events and

[1] See: www.who.int/ncds/un-task-force/en/.

[2] See www.iaea.org/newscenter/news/prompt-detection-and-treatment-new-united-nations-joint-global-programme-to-prevent-cervical-cancer.

[3] "We must work together to eliminate cervical cancer as a public health issue and to reduce the burden that millions face from all cancers", Secretary-General's message on World Cancer Day, 4 February 2016.

[4] See www.who.int/ncds/un-task-force/meeting-report-cervical-cancer-partners-meeting-december2016.pdf?ua=1.

meetings with development partners were held during 2017 to promote the joint global programme. Additional partners have joined the programme, including the Global Fund to fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, the International Drug Purchase Facility (UNITAID) and the Union for International Cancer Control. Despite these efforts, the joint programme remains unfunded. A concerted effort is now required by the United Nations agencies in the Task Force to mobilize resources and action on the ground. The joint global programme on cervical cancer provides the perfect platform for the United Nations system to work as one and deliver results.

Mobile technologies to address non-communicable diseases

14. The global joint programme developed by the International Telecommunication Union and WHO, entitled "Be He@lthy, Be Mobile" continued to support Member States in their efforts to use mobile technologies to strengthen national services for non-communicable diseases. Using innovative multisectoral partnership models, the programme works to design, deploy and scale-up non-communicable disease prevention and management services which can be run using mobile phones. In 2017, the initiative expanded its work to 10 countries. At the start of 2018, over 2.1 million people were registered in India's mobile tobacco cessation programme and there were over 100,000 users of the mobile diabetes programme. Results from a 2017 evaluation of the mobile tobacco cessation programme in India revealed a quit rate of 7 per cent. In Senegal, 100,000 people have signed up over the past year to receive mobile text messages on how to manage diabetes during Ramadan, with a demonstrated benefit to the well-being of those enrolled. In Zambia, the Government sent out messages to over 500,000 men and women raising awareness about cervical cancer and telling women to get screened. Early results show improvements in first-time screening rates. The above-mentioned initiatives demonstrate that mobile health will be an important element of health systems in the future.

Harmful use of alcohol

15. The thematic working group on reducing the harmful use of alcohol has created a new initiative to help countries respond to the effects of the harmful use of alcohol on the Sustainable Development Goals. The new initiative will support Member States in protecting people from alcohol-related harm through the implementation of interventions endorsed by the World Health Assembly. The initiative will package and promote proven measures to reduce the harmful use of alcohol, provide hands-on practical support to countries, focus on developing and high-burden countries and document the progress being made by countries and has the potential to be the leading global partnership for reducing the harmful use of alcohol.

Working Groups and work streams

Tobacco control

16. The thematic group on tobacco control was established at the ninth meeting of the Task Force. The objectives of the thematic group are:

(a) To promote the implementation of articles 17 and 18 of the WHO Framework Convention on Tobacco Control following a global meeting for the implementation of those two articles, which deal with the environmental and social aspects of tobacco control, including employment. A number of Task Force members, including the Food and Agriculture Organization of the United Nations, the International Labour Organization (ILO), the secretariat of the United Nations

Framework Convention on Climate Change, UNDP, the United Nations Office for Project Services, the United Nations Children's Fund (UNICEF) and WHO, have been actively participating in this group. Regular meetings have taken place and an action plan has been agreed to;

(b) To promote the model policy for agencies of the United Nations on preventing tobacco industry interference[5] within the Task Force. As a result of the work done thus far, there is a sense of urgency to stop funding from the tobacco industry at the United Nations level. This is further illustrated by the successful briefing for Geneva-based permanent missions, held by the Convention secretariat, on the funding of ILO projects by the tobacco industry;

(c) To continue efforts to establish a smoke-free United Nations campus, especially as this year marks the tenth anniversary of the General Assembly resolution that started this action (General Assembly resolution 63/8). WHO has offered to provide, based on its experience, guidance and assistance in implementing a successful smoke-free campus with the active involvement of all relevant stakeholders.

17. The eighth session of the Conference of the Parties of the WHO Framework Convention on Tobacco Control, will take place from 1 to 6 October 2018, in Geneva. The Conference of the Parties will give due attention to the contribution of the Conference to the targets related to non-communicable diseases included in the 2030 Agenda for Sustainable Development. The members of the Task Force who are not yet observers to the Conference of the Parties are encouraged to apply for observer status so that they may attend the Conference.

18. The Convention secretariat continued in its efforts to promote the entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products. The Protocol will enter into force as soon as it is ratified by six additional parties. If the Protocol is ratified before 2 July 2018, the first session of the meeting of the parties to the Protocol will take place from 8 to 10 October 2018, in Geneva.

19. In 2017, the Convention secretariat launched the Framework Convention on Tobacco Control 2030 project, with the support of the United Kingdom of Great Britain and Northern Ireland, to assist parties to strengthen the implementation of the Framework Convention. Direct support is being provided to 15 countries, including the provision of WHO investment cases on the Framework Convention on Tobacco Control. In addition, global public goods have been developed to assist all low-income and middle-income countries that are parties to the Convention. Support to parties through Framework Convention on Tobacco Control needs assessments continues.

Nutrition, including ending childhood obesity

20. The thematic working group on nutrition, led by the United Nations Standing Committee on Nutrition, ensures strong links between the wider policy processes in the United Nations system, leading to integrated actions and policies in support of the 2030 Agenda for Sustainable Development. Nutrition and non-communicable diseases are closely linked: reducing malnutrition and promoting healthy diets are associated with a reduced risk for developing non-communicable diseases. The thematic group is focusing its work on reducing childhood obesity among school-aged children, supporting the implementation of both the framework for action of the

[5] United Nations, *Treaty Series*, vol. 2302, No. 41032.

second international conference on nutrition and the guidance to end childhood obesity, providing Governments with expertise in nutrition, encouraging more commitments to invest in nutrition in this Decade of Action on Nutrition, as well as strengthening the links between nutrition and other areas.

Physical activity

21. The working group on physical activity was established by the Task Force at its ninth meeting, held in 2017, to strengthen joint United Nations action on the WHO global action plan on physical activity. The thematic working group has identified eight areas for future joint action, specifically: community-wide awareness campaigns and whole-of-city and community initiatives; urban design and transport policies; improvements in safety for pedestrians and cyclists of all ages; strengthening of policy and building design codes and regulations to support physical activity (i.e., in buildings, shopping centres, etc.); promoting positive experiences in physical activity by promoting health in schools; strengthening multisectoral leadership and governance; physical activity advocacy; and, healthy workplaces.

Mental health and well-being

22. The thematic working group on mental health has finalized mapping the activities, products and projects of its members in the area of mental health.[6] Areas of cooperation have been identified, including adolescent mental health. The "Helping Adolescents Thrive" initiative — a joint project developed by UNICEF and WHO — was presented to Task Force members at the tenth meeting, held in February 2018. The objective of the project is to develop an evidence-based adolescent health package for the promotion of mental health, the prevention of mental disorders and the reduction of risk behaviours, including self-harm. Task Force members will contribute to the development and the implementation of this package.

23. Members also worked to support the communication efforts and advocacy by WHO for World Health Day 2017, the theme of which was depression. In addition, a specialist in mental health joined the Task Force's joint programming mission to Ethiopia in November 2017 and mental health experts will be invited to participate in Task Force-led country work.

Environmental health risks and non-communicable diseases

24. A subgroup of the health and environment and climate change coalition was established in January 2018. Its purpose is to call attention to environmental health risks factors for non-communicable diseases and mobilize resources to support countries in scaling up action in this regard. The subgroup's initial workplan includes finalizing the methodology for a set of studies on country-based investment cases on non-communicable diseases and indoor air pollution, using the "best buys" methodology for environmental risk factors for non-communicable diseases, and reviewing the burden of disease attributable to environmental risk factors using methodology that has previously been used for other non-communicable disease risk factors.

Emergencies

25. The informal working group on non-communicable diseases in humanitarian emergencies includes United Nations agencies, non-governmental organizations and

[6] See: http://apps.who.int/iris/bitstream/10665/259830/1/WHO-NMH-NMA-18.99-eng.pdf?ua=1.

academic partners. The group has contributed to the discussions on non-communicable disease indicators in the updated Sphere Project guidelines.[7] A number of group members have also collaborated with members of academia to draft an operational manual for field work on non-communicable diseases in emergencies. The new WHO non-communicable diseases kit has been ordered by several countries (Dominican Republic, Iraq, Syrian Arab Republic and Yemen). WHO is evaluating its use in Iraq and the Syrian Arab Republic through an online platform, focusing on the capacity of the kit and its readiness and use.

Non-communicable diseases in the workplace

26. WHO provided technical assistance to Jamaica and the United Republic of Tanzania to stimulate collaboration between the health and the labour sectors for addressing non-communicable diseases in the workplace. ILO developed, with support from WHO, diagnostic and exposure criteria for occupational non-communicable diseases, such as occupational cancer and chronic respiratory diseases (occupational asthma, chronic obstructive pulmonary disease and pneumoconiosis). ILO also organized training of experts from the private sector on integrating health promotion into workplace occupational safety and health policies.

The importance of multisectoral action to prevent and control non-communicable diseases

27. In addition to the activities described above, the Task Force has continued to promote the importance of multisectoral action at the country and global levels through social media platforms, a range of technical and advocacy publications and its webpages. Policy briefs for non-health sectors are now available in all of the official languages of the United Nations. New briefs have been published for the agriculture, energy and environment, and youth and sport sectors, as well as for legislators.

28. The 2017 session of the high-level political forum on sustainable development included a side-event hosted by the Task Force and the Russian Federation, entitled "Friends of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases: supporting Member States to achieve the non-communicable diseases-related targets for the Sustainable Development Goals". The side-event took stock of the progress of the Task Force, the importance of multisectoral action and the need to finance the programmatic work of the Task Force, including its global joint programmes.

29. The Task Force continues to catalyse the United Nations system-wide response to support Governments in the integration of non-communicable diseases in their national responses to the 2030 Agenda for Sustainable Development. There has been a year-to-year increase in the number of countries that have included non-communicable diseases in their United Nations Development Assistance Frameworks. In 2017, more than 60 per cent of the United Nations agencies that were members of the Task Force reported that they had included non-communicable diseases in their mandates. This is an increase from the 30 per cent reported in 2014.

30. The Task Force is developing an award scheme to encourage progress, promote success and reward actions with respect to the prevention and control of non-communicable diseases, which will be launched in 2018.

[7] See www.spherepoject.org/.

31. The final report of the 2016–2017 workplan provides further details on the work of the Task Force and its members.[8]

Task Force global advocates and awards

32. The Task Force continues to promote the non-communicable diseases into the agendas of United Nations agencies' goodwill ambassadors and envoys, as well as eminent persons and local champions, in order to raise awareness about the burden of non-communicable diseases and the links to poverty and sustainable development.

33. In November 2017, a celebrity chef in the Pacific region was appointed as Advocate for Food, Sustainable Development and Well-Being of the UNDP Pacific Office. The appointment recognized that food systems play a pivotal role in both human and planetary health and that healthier diets are critical to reducing the burden of non-communicable diseases and reducing the emissions that cause climate change. The Advocate will support partnerships to promote and protect health by addressing trade and food security, sustainable consumption and production, and climate change.

34. The Task Force is now nominating other global advocates in order to mobilize resources for the work of the Task Force, to raise the profile of non-communicable diseases and to mobilize multisectoral whole-of-government and whole-of-society action at the country level.

Montevideo Road Map

35. A number of Task Force members took part in the WHO Global Conference on Non-communicable Diseases held in Montevideo, from 18 to 20 October 2017, which gathered together Heads of State and Government and ministers to consider ways to accelerate progress so that, by 2030, premature deaths from non-communicable diseases would be reduced by one third, in line with the 2030 Agenda for Sustainable Development. At the Conference, the Task Force was considered a key mechanism for scaling up technical and policy support for Member States.

36. The Montevideo Road Map 2018–2030 on Non-communicable Diseases as a Sustainable Development Priority called for the Task Force to explore the relationship between non-communicable diseases and the law.[9] WHO is developing a new global programme in partnership with the International Development Law Organization, the International Development Research Centre of Canada and the Swiss Agency for Development and Cooperation, in order to build capacity for regulatory and fiscal measures to address unhealthy diets, physical inactivity and non-communicable diseases, building on the discussions of Task Force members.

[8] See: www.who.int/ncds/un-task-force/Final-report-work-plan_2016-2017.pdf?ua=1.

[9] Heads of State and Government, Ministers and State and Government representatives participating in the Conference called upon the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and its members, within their mandates, to scale up and broaden intersectoral work integrating expertise relevant to public health-related legal issues into country support on non-communicable diseases, including by providing evidence, technical advice and case studies relevant to legal challenges. They encouraged the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases to explore the relationship between non-communicable diseases and the law to improve support to Member States in this area and to raise the priority it gives to that work.

IV. Assessing the impact of the Task Force to date: opportunities for scaling up the response by the United Nations

37. The Task Force reports submitted to the Economic and Social Council since its establishment offer examples of how the Task Force has been making a difference at the country level despite limited resources. The Task Force, however, has now reached a decisive point. Without significant investment, the Task Force will not be able to meet the demands of Member States to provide the support necessary to reach the non-communicable diseases-related Sustainable Development Goals by 2030.

38. A paradigm shift is needed to do things differently in order to address the obstacles in a new development era. This requires:

(a) Enhancing governance support for non-communicable diseases at the global and national levels by pursuing policy coordination and policy coherence between public health and economic policies, such as in the context of the promotion of trade or investment, as a pathway to reach common results that contribute to the targets of the Sustainable Development Goals related to both trade and non-communicable diseases;

(b) Concentrating efforts on reducing risk factors for non-communicable diseases by fostering cross-sectoral collaboration and reducing the underlying social determinants through the implementation of the relevant "best buys" to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity as the arrowhead of any national response to non-communicable diseases;

(c) Integrating interventions to promote mental health and well-being within the national response to non-communicable diseases and provide treatment and care for people with mental health disorders within community settings;

(d) Dissolving traditional, disease-specific silos to broaden universal health coverage approaches to include a publicly financed package of health services for the prevention and control of non-communicable diseases that includes the "best buys" and other recommended interventions;

(e) Establishing a more realistic and manageable set of monitoring requirements to measure results, building on the global monitoring framework for non-communicable diseases and leveraging Sustainable Development Goals review processes, and strengthening national surveillance systems accordingly;

(f) Embracing the emerging idea that revenues resulting from the taxation of multinational revenues from the sale of cigarettes, alcoholic beverages and sugar-sweetened beverages in developing countries should be ploughed back (through aid and expertise) to support efforts to implement national responses to non-communicable diseases and strengthen health systems overall;

(g) Better engagement of non-State actors, including the private sector and civil society, with a view to strengthening their contribution to the implementation of national responses to non-communicable diseases.

39. In his report on the progress on the prevention and control of non-communicable diseases (A/72/662), the Secretary-General emphasizes that organizations of the United Nations system will need to respond to this paradigm shift, in particular through the Task Force, and draw upon its comparative advantage. This will require

(a) Reinforcing the leadership and coordination role of WHO in the Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and as the custodian for mobilizing and monitoring global action to reach target 3.4 of the Sustainable Development Goals;

(b) Taking advantage of the current focus in countries on developing national responses to the Sustainable Development Goals. United Nations system organizations have a role in ensuring that the inclusion of target 3.4 of the Sustainable Development Goals is duly considered within the broader efforts to strengthen health systems and achieve universal health coverage, and that the cross-sectoral nature and co-benefits of reducing non-communicable diseases are well understood in order to advance health and well-being overall. There is a sense of urgency, as the window of opportunity to integrate non-communicable diseases into the design process and the implementation of national Sustainable Development Goals responses will close by 2019 or 2020;

(c) Using existing global networks to create a critical mass of policymakers, including parliamentarians, in countries that can make a real difference during the next 12 to 24 months in integrating non-communicable diseases into national responses to the Sustainable Development Goals;

(d) Strengthening the talent pool and skills set at the United Nations, bringing in new expertise and scaling up its operational capacities in countries to respond to the rapidly increasing demand for technical assistance to reduce non-communicable diseases;

(e) Strengthening the ability of the United Nations to work on some of the most sensitive and consequential issues at the intersection of health, economic policies, investment promotion, trade, law, and the impact of economic, market and commercial factors on non-communicable diseases;

(f) Bringing target 3.4 of the Sustainable Development Goals on non-communicable diseases and target 3.A on tobacco into the spotlight, particularly in low-income and lower-middle-income countries;

(g) Strengthening collaboration among the various agencies, funds and programmes of the United Nations system to support whole-of-system approaches to accelerating progress against target 3.4.

V. Strategy of the Task Force for 2018–2019

40. The Task Force has developed its strategy for 2018 and 2019. The Task Force will:

(a) Continue to direct its efforts at making an impact on the Sustainable Development Goals related to non-communicable diseases and on universal health coverage at the country level, primarily by providing support to, and through, the United Nations country teams;

(b) Demonstrate how United Nations agencies will respond to the outcome of the Member States' repositioning of the United Nations development system, in view of the Secretary-General's recent report on repositioning the United Nations development system to deliver on the 2030 Agenda for Sustainable Development (A/72/684-E/2018/7);

(c) Scale up its efforts to mobilize resources to deliver action on the ground in line with Economic and Social Council resolution 2017/8 on the work of the Task Force, which called for a significant increase in financing for the United Nations system response to the non-communicable diseases related to the Sustainable Development Goals.

41. To deliver the above, the Task Force will:

(a) Launch an ambitious mechanism to enable Governments to access high-quality technical support from the United Nations system to catalyse action;

(b) Promote and encourage partnerships and networks.

A mechanism to enable Governments to access high-quality technical support from the United Nations system

42. In its next phase of work, the Task Force needs to develop a comprehensive programme of support to respond to the needs of Member States, building on its experience to date, in particular during and following joint programming missions. The Task Force will seek to raise $100 million to support action in 25 low- and middle-income countries, in line with the 2030 Agenda for Sustainable Development. The resource mobilization will focus on the following five pillars:

(a) National investment frameworks for non-communicable diseases, including a non-communicable diseases investment case, a prioritized and costed national plan, with government-led implementation through sustainable government-led financing;

(b) Stronger policy coherence across Governments and their partners, including the private sector. This will include engaging with the private sector to find common ground on the prevention and control of non-communicable diseases and to use this consensus for new approaches to public health;

(c) Stronger legislative and regulatory environments;

(d) Procurement and supply-chain management for medicines and equipment for non-communicable diseases and capacity-building of health-systems personnel;

(e) Population-wide communication on the risks of non-communicable diseases.

Partnerships and networks

43. The Task Force will continue to broker exciting and innovative partnerships between its members, Governments and development partners. An effective response will require a range of partnerships at the country and global levels. The experience of Task Force members is that the United Nations is at its most effective when partnering with the full range of development partners: Governments and non-State actors, such as non-governmental organizations, philanthropic organizations, academia and the private sector.

44. The Task Force will continue to advance existing United Nations joint programmes such as those on cervical cancer, harmful use of alcohol, and the "Be He@lthy, Be Mobile" digital health programme, and look for opportunities to develop joint programmes in other areas. These programmes are designed to attract new resources in order to scale up joint action across the United Nations and its partners.

45. Maximizing the impact of the United Nations' existing resources will continue to be a focus for the Task Force. The Task Force will continue to promote existing networks such as those for tobacco control, for nutrition and ending childhood obesity, for physical activity, for mental health and communication, as well as broader United Nations-led multi-stakeholder groups on issues such as non-communicable diseases in humanitarian emergencies and the recently created non-communicable diseases subgroup under the health, environment and climate change coalition. As these groups mature, many will need to mobilize additional resources for their work.

VI. Recommendations

46. **The Economic and Social Council is invited:**

(a) **To take note of the present report;**

(b) **To request the Secretary-General to report to it in 2019 on progress made in implementing Economic and Social Council resolution 2013/12, following up on the decisions of the comprehensive review in 2018 by the General Assembly of the progress achieved in the prevention and control of non-communicable diseases;**

(c) **To call upon the members of the Task Force, including through the United Nations country teams, to intensify the provision of technical support to Member States in order to achieve the non-communicable disease-related targets as part of the 2030 Agenda for Sustainable Development;**

(d) **To call upon the members of the Task Force to continue to work together to identify additional resources to provide support to Member States, in line with the strategy of the Task Force for 2018–2019;**[10]

(e) **To call upon bilateral donors and multilateral donors to mobilize resources for the work of the Task Force in order to meet the goals in the strategy for 2018–2019;**

(f) **To call upon members of the Task Force to develop partnerships with Governments, non-governmental organizations, the private sector, academic institutions and philanthropic foundations to support the programming work of the Task Force and to strengthen civil society movements in countries.**

[10] In order to implement the commitments included in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, taking into account the World Health Organization (WHO) global action plan for the prevention and control of non-communicable diseases 2013–2020, including to accelerate the implementation of the WHO Framework Convention on Tobacco Control, and to help the parties to the Framework Convention to become parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, in order to facilitate the entry into force of the Protocol as soon as possible.